

MAINE JUDICIAL BRANCH

Plaintiff

DISTRICT COURT

Location (Town): _____

Docket No.: _____

V.

Defendant

STATEMENT OF CLAIM

(Small Claims)

M.R.S.C.P. 3(a)

Briefly describe your claim, including relevant dates:

The plaintiff requests a judgment against the defendant in the amount of \$ _____
plus costs. *If you are asking for an order to repair or return property, to refund money, or to amend or cancel
an agreement, state that request here:*

The plaintiff affirms that this is not a debt collection action under Title 32 of the Maine Revised Statutes.

Date (mm/dd/yyyy): _____



Signature

Printed Name

Is the person signing this Statement of Claim an attorney representing the plaintiff in this action? Yes No

If the answer is "Yes," all notices and communications from the court will be sent to the attorney. If the answer is "No," all notices and communications from the court will be sent to the filing party.

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

MAINE JUDICIAL BRANCH

Attorney for Plaintiff: _____

Bar Number: _____

Attorney's Mailing Address: _____

Attorney's Telephone: _____

Attorney's Email: _____

Plaintiff's Mailing Address: _____

Plaintiff's Telephone: _____

Plaintiff's Email: _____

Defendant's Mailing Address: _____

Defendant's Telephone: _____

Defendant's Email: _____

IMPORTANT NOTICE TO PARTIES: You will be notified by the clerk of the court of the hearing date and time for this case. The notice of hearing will be sent to you by regular mail at the address listed above, unless you notify the clerk of a different address. If the address listed on this form is incorrect or has changed, you **MUST** notify the clerk in writing to be sure you get the notice. **If the plaintiff fails to appear at the hearing, the case will be dismissed. If the defendant fails to appear, a default judgment may be entered against the defendant for the relief asked for by the plaintiff.**

The address of the court where your hearing will take place is:

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MAINE JUDICIAL BRANCH

_____ County

I have this day made service of the Statement of Claim upon the defendant:

by delivering a copy of the Statement of Claim to the defendant in hand at:

by leaving a copy of the Statement with _____, a person of suitable age and discretion at the defendant's dwelling house or usual place of abode located at:

Date (mm/dd/yyyy): _____



Deputy Sheriff (Signature)

Printed Name

Service:

Travel: \$ _____
Postage: \$ _____
Total: \$ _____

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